MULDER HEALTH CARE FACILITY 713 NORTH LEONARD STREET

WEST SALEM 54669 Ph	one: (608) 786-1600		Ownership:	Corporation
Operated from 1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hos	pital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staff	ed (12/31/03):	99	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12	/31/03):	99	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03	:	88	Average Daily Census:	90

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/03)	Length of Stay (12/31/03)	용	
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis					23.9 37.5	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.1	More Than 4 Years	27.3	
Day Services Respite Care	No Yes	Mental Illness (Org./Psy) Mental Illness (Other)		65 - 74 75 - 84	5.7 31.8	•	88.6	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	52.3	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over		Full-Time Equivalent		
Congregate Meals No						- Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	22.7		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	12.5	65 & Over	98.9			
Transportation	No	Cerebrovascular	11.4			RNs	12.8	
Referral Service	Yes	Diabetes	0.0	Gender	용	LPNs	7.7	
Other Services	No	Respiratory	6.8			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.3	Male	28.4	Aides, & Orderlies	54.4	
Mentally Ill	No			Female	71.6			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
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Method of Reimbursement

		Medicare			edicaid itle 19			Other		:	Private Pay			Family Care			Managed Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	150	46	85.2	114	0	0.0	0	9	60.0	144	13	100.0	114	2	100.0	374	74	84.1
Intermediate				8	14.8	94	0	0.0	0	6	40.0	138	0	0.0	0	0	0.0	0	14	15.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		54	100.0		0	0.0		15	100.0		13	100.0		2	100.0		88	100.0

MULDER HEALTH CARE FACILITY

Admissions, Discharges, and	1	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:	I	Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	7.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.2	Bathing	0.0		93.2	6.8	88
Other Nursing Homes	4.3	Dressing	6.8		89.8	3.4	88
Acute Care Hospitals	83.7	Transferring	29.5		58.0	12.5	88
Psych. HospMR/DD Facilities	0.0	Toilet Use	28.4		59.1	12.5	88
Rehabilitation Hospitals	0.0	Eating	71.6		23.9	4.5	88
Other Locations	2.2	*****	* * * * * * * * * * * * * * *	*****	*****	******	*****
Total Number of Admissions	92	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	1.1	Receiving Resp	iratory Care	10.2
Private Home/No Home Health	30.9	Occ/Freq. Incontine	nt of Bladder	46.6	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	6.4	Occ/Freq. Incontine	nt of Bowel	25.0	Receiving Suct	ioning	0.0
Other Nursing Homes	3.2	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	8.5	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.3	Receiving Mech	anically Altered Diets	11.4
Rehabilitation Hospitals	0.0	_			_	-	
Other Locations	2.1 i	Skin Care			Other Resident C	haracteristics	
Deaths	48.9 i	With Pressure Sores		8.0	Have Advance D	irectives	94.3
Total Number of Discharges	i	With Rashes		8.0	Medications		
(Including Deaths)	94 i				Receiving Psvc	hoactive Drugs	65.9

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietarv	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	96	용	Ratio	용	Ratio	용	Ratio	왕	Ratio
Occumency Date: Average Daily Concyc/Licensed Dada	90.9	86.2	1.05	87.1	1.04	88.1	1.03	87.4	1.04
Occupancy Rate: Average Daily Census/Licensed Beds									
Current Residents from In-County	92.0	78.5	1.17	81.0	1.14	82.1	1.12	76.7	1.20
Admissions from In-County, Still Residing	29.3	17.5	1.68	19.8	1.49	20.1	1.46	19.6	1.49
Admissions/Average Daily Census	102.2	195.4	0.52	158.0	0.65	155.7	0.66	141.3	0.72
Discharges/Average Daily Census	104.4	193.0	0.54	157.4	0.66	155.1	0.67	142.5	0.73
Discharges To Private Residence/Average Daily Census	38.9	87.0	0.45	74.2	0.52	68.7	0.57	61.6	0.63
Residents Receiving Skilled Care	84.1	94.4	0.89	94.6	0.89	94.0	0.89	88.1	0.95
Residents Aged 65 and Older	98.9	92.3	1.07	94.7	1.04	92.0	1.08	87.8	1.13
Title 19 (Medicaid) Funded Residents	61.4	60.6	1.01	57.2	1.07	61.7	0.99	65.9	0.93
Private Pay Funded Residents	17.0	20.9	0.81	28.5	0.60	23.7	0.72	21.0	0.81
Developmentally Disabled Residents	0.0	0.8	0.00	1.3	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	19.3	28.7	0.67	33.8	0.57	35.8	0.54	33.6	0.58
General Medical Service Residents	27.3	24.5	1.11	21.6	1.27	23.1	1.18	20.6	1.33
Impaired ADL (Mean)	40.7	49.1	0.83	48.5	0.84	49.5	0.82	49.4	0.82
Psychological Problems	65.9	54.2	1.22	57.1	1.15	58.2	1.13	57.4	1.15
Nursing Care Required (Mean)	4.7	6.8	0.69	6.7	0.70	6.9	0.68	7.3	0.64